

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>010680</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/23/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>KEEPSAKE VILLAGE OF COLUMBUS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2564 FOXPOINTE DR</b> <b>COLUMBUS, IN 47201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00142453.</p> <p>Complaint IN00142453 Substantiated. No State deficiencies related to the allegations are cited.</p> <p>Survey dates: January 22 and 23, 2014</p> <p>Facility number: 010680 Provider number: 010680 AIM number: NA</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: Residential: 39 Total: 39</p> <p>Census payor type: Other: 39 Total: 39</p> <p>Sample: 3</p> <p>Keepsake Village of Columbus was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00142453.</p> <p>Quality Review 01/24/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE